



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\***

Bib Data Sheet

CONFIRMATION NO. 8153

|  |   |                               |   |   |
|--|---|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/063,523   | <b>FILING OR 371(c) DATE</b><br>05/02/2002<br><b>RULE</b>   | <b>CLASS</b><br>435           | <b>GROUP ART UNIT</b><br>1647   | <b>ATTORNEY DOCKET NO.</b><br>P3230R1C001-168 |
| <b>APPLICANTS</b><br>Audrey Goddard, San Francisco, CA;<br>Paul J. Godowski, Hillsborough, CA;<br>J. Christopher Grimaldi, San Francisco, CA;<br>Austin L. Gurney, Belmont, CA;<br>William I. Wood, Hillsborough, CA;  |   |                               |   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a CON of 10/006,867 12/06/2001<br>which is a CON of PCT/US00/23328 08/24/2000<br>which is a CIP of 09/380,137 ABN<br>which is a 371 of PCT/US99/12252 06/02/1999  |   |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 07/24/2002</b>   |   |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>168  | <b>TOTAL CLAIMS</b><br>13                     |
| <b>INDEPENDENT CLAIMS</b><br>2   |   |                               |   |   |
| <b>ADDRESS</b><br>30313  |   |                               |   |   |
| <b>TITLE</b><br>A POLYPEPTIDE UNDEREXPRESSED IN STOMACH TUMORS   |   |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>740  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |